

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107518663

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	41					
6	10					
7	61					
8	10					
9	61					
10	10					
11	1					
12	1					
13	21					
14	10					
15	61					
16	1					
17						
18						
19						
20						
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48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	10					
TOTAL CLAIMS	16					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS